



## Missouri Pharmacy Program – Preferred Drug List



### HMG Co-A Reductase Inhibitors (Statins): Effective 09/01/2004

#### **Preferred Agents**

Advicor®  
Altacor®/Altoprev®  
Lescol®  
Lescol XL®  
Lipitor®  
Lovastatin  
Pravachol®  
Zocor®  
Vytorin®  
Zetia®

#### **Non-Preferred Agents**

Crestor®  
Mevacor®  
Pravigard Pac®

#### **Approval Criteria**

- Failure to achieve desired therapeutic outcomes with documented trial period for 3 or more preferred agents.
- Documented ADE/ADR to preferred agents.
- Documented compliance on current therapy regimen.

#### **Denial Criteria**

- Lack of adequate trial on required preferred agents.
- Therapy will be denied if no approval criteria are met.
- MAC pricing will be utilized when applicable.
- Drug Prior Authorization Hotline:  
(800)392-8030.